

TURLOCK CHRISTIAN HIGH SCHOOL
Health Statement and Parental Consent 2008-2009

Student's Name _____
Last First Middle Initial

Doctor's Statement: I certify that this student is physically fit to engage in sports.

Signature Date State License

The above student is under the age of 15 and is fit to play any sport at Varsity level

Doctor Init Parent Init Coach Init

Parental Consent: I give my consent to this student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. In case of injury or illness, you are authorized to have the student treated and I authorize the medical agency to render treatment.

Date Signature of Parent or Guardian

If student has health or accident insurance, please list company name, policy number, and local claim address:

Company Name Policy Number

Claims Office Phone Group Number